

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10 / 52642

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53	/					
4		/					54						
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44	/						94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	5	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	48	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	53					